

# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts						116 AF	750
City or T	own of:	ster				13	N.S.
Fill in Re	fassachusetts S O C						
☐ 8th da	y preceding 8th day preceding	election^				وي Oth day of Janua	ary
<ol> <li>I certify</li> <li>I certify and do no</li> </ol>	that I am a candidate for or hold Municip that I have not received any contributions of have a campaign fund in existence.		ditures, or incu	rred any ob	ligations duri	ng this reporting	, period,
DATE	·			RESS	III.	OFFICE SOUG	HT .
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# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
CITY CLERK'S OFFICE
LEOMINSTER, MA

· City or T	own of:		/ ee	n (W	9 ber	:		2015. D	EC 31	AM 10	09	
Fill in Rep	porting Po	eriod date	es:	Beginni	ng Date:	· _ :C	A 16.	20 And	ling Date	: D	°C31	2018
8th da	Report:  y preceding  minary/prim	g $\Box$		preceding	election		th day follo own or Sp		etion		day of Jar ar-End Re	
Pursuant to I  1. I certify to and do no  3. I certify to and to no  3. I certify to and to no	that I am a that I have : ot have a ca	candidate f not receive ımpaign fur	d any con ad in exist	tributions, ence.		expendit	ires, or inc	curred any	obligatio	ons during t	his report	ing period,
DATE	Signed	I. SIGN	ATURE penalties o	of perjury	II. R		ΓΙΑL ADE		,	III. OF	FICE SOL	JGHT
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KRISTIN Howlett
Form CPF M 102-0: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth

CITY CLERK'S OFFICE

1 Massachusetts	<u>.</u>	LEOM	INSTER, MA
City or Tow	m of: <u>Leominster</u>	2016 FEB	2 AM 10-21 9 45 AM
Fill in Repo	rting Period dates: Beginning	g Date: 10/16/15 Ending	Date: /2/3//15
8th day 1	eport: (Check one)  preceding	lection 30th day following electio	n \times 20th day of January (Year-End Report)
<ol> <li>I certify that</li> <li>I certify that</li> <li>and do not it</li> </ol>	G.L., Chapter 55:  at I am a candidate for or hold Municipal  at I have not received any contributions,  have a campaign fund in existence.  at I do not have a political committee.	Office. made any expenditures, or incurred any ob	ligations during this reporting period,
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
2/3/14	pubit	33 Sky Lene	School Connittee Ward /
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# Form CPF M 102-0: Campaign Finance Report Municipal Form

Municipal Form
Office of Campaign and Political Finance
OITY OLERK'S OFFICE

of Massachuse	etts		LEOMI	NSTER, M	<u>A</u>	
City or T	own of: Leominster		2016 JAN 2			
	Please pr	int or type all inf	formation, except	signatures.		
Fill in dat Reporting	tes: Month Deg Period Beginning 10 / 0	. •	-	Month 12	Day 31	Year Z015
ype of R	Report: (Check One)		<b></b>			
	n day preceding Sth day precedi	ing election	30th day follow (Town or Speci			a day of January -End Report)
1. I ce 2. I ce repo	to M.G.L., Chapter 55:  ertify that I am a candidate for or hold Mertify that I have not received any contriborting period, and do not have a campaigertify that I do not have a political comm	outions, made any gn fund in exister		incurred any	obligations dur	ing this
DATE	I. SIGNATURE Signed under the penalties of perjury		DENTIAL ADDR	ESS	III. OFFI	CE SOUGHT
1 - 2	& AP.	- EU. A.		. 6	1.10.	the at 1=

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT	
1/11/2016	A 12	- 541 Merriam Ave.	School Committee at Lar	ge
-	/ 0			
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# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE LEGMINSTER, MA

	•		***************************************	- 2016 JAN -	<u>ч р</u> т	951
City or Town of:	Leomi	nster mr	)	rara mus	1 1111	
Fill in Reporting Period dates:	Beginning Date:	Oct. 16, 2015	Ending Date: ¿	Dec. 3	1, 201	5
Type of Report: (Check one)  Sth day preceding Sth day preliminary/primary	preceding election	☐-30th day following (Town or Special)		20th day of (Year-End		•
Pursuant to M.G.L., Chapter 55:  1. I certify that I am a candidate for or hold 2. I certify that I have not received any con and do not have a campaign fund in exist 3. I certify that I do not have a political con	tributions, made any tence.	expenditures, or incurred	any obligations	during this rep	orting peri	od,

	DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
		Signed under the penalties of perjury	(Street and Number)	
	1/4/2a6	James Janesan Je	156 Sylvan ave	City Councillor at Large
				4
-				
:				



# Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
OITY CLERK'S OFFICE
LEOMINSTER; MA

of Massachusetts			
· City or To	wn of: Leaninster	2016	JAN 22 AM 10 52
Fill in Repo	orting Period dates: Beginni	ng Date: 10-16-15 Ending	g Date: 12-31-15
☐ 8th day	Report: (Check one) preceding	election 30th day following election (Town or Special)	on
<ol> <li>I certify the</li> <li>I certify the</li> <li>and do not</li> </ol>	G.L., Chapter 55: at I am a candidate for or hold Municipa at I have not received any contributions, have a campaign fund in existence. at I do not have a political committee.	al Office. , made any expenditures, or incurred any ob	ligations during this reporting period,
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1-22-16	Rhand Marhand	224 Merrian Aug	Ward 5 Cety Council
		,	
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# Form CPF M 102: Campaign Finance Report

Amended

Municipal Form CITY CLERK'S OFFICE
Office of Campaign and Political Finance LEGAMAISTER MA LEOMINSTER, MA

Fil	•	with.	

File with:	/616	FFB 12	<u>AM 9 00</u>	
City or Town Clerk or Election Commission	I information, except sig	matures		
Fill in dates: Month Date  Reporting Period Beginning	YearEnding	Month	Date 16	2015
Type of report: (Check one)  Sth day preceding preliminary  Heather Mazzaerro  Full Name of Candidate (if applicable)  Wava 3 School Omnutte  Office Sought and District  Gradinal Address  Plant Dec 120  Residential Address  Tel. No. (optional)	Commutee Wender 54	Committee of Committee of Committee Mailin	C COAD	erMarza
SUMMARY BALA Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used	evious report d (page 2, line 11)  period (page 3, line 1) s line 4)  this period (page 4)	\$\$\$\$\$\$\$\$	Ø 3710.00 3710.00 990.06 719.94 140.00	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf of Signed under the persons active of the perso	rsements, in-kind contributions of this committee in accordance nalties of perjury:	and liabilities for with the requir	or this reporting perior ements of M.G.L. c.	ed and represents the
Application of Candidate: (check I box only)  Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to inance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf du  Candidate without Committee OR Candidate with independent activity to certify that I have examined this report including attached schedules and it is, to mance activity, including contributions, loans, receipts, expenditures, disbursers	e to the best of my knowledge an mmittee in accordance with the tring this reporting period. filling separate report o the best of my knowledge and	d belief, a true a requirements of d belief, a true a	and complete stateme M.G.L. c. 55. I hav and complete statemen	nt of all campaign

campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number or	each page.			
Date	Name and Residential Address	An	iount	
Receive	d (alphabetical listing required)			(for contributions of \$200 or more)
9/19/19	Butler. Ponna 1-6 State St, Leominster, MA	100	00	
9/14/15	- Chalifoux-Zephin Susan 437 West St. Leominster, MA	200	00	Executive Director Grings Helping Hand, hc.
16/14/1	D. Cordio Trucking & Son 585 Willard St. Lebwinsky MA	100	DO	0 1 0
10/6/14		100	00	
10/1/15	Easton, Mark 14 Woods Lane, Lancaste, MA	250	20	VP Information Systems Sterlite Corp.
9/29/19	Freiss, Patricia 24 Briar Ra, Leominster, MA	100	00	
9/30/14	Freisz Richard 24 Briar Rd. Leominster, MA	100	29	
10/4/15	Gage Joan Ave Forthburgh,	100	00.	
10/7/15	Marchetti, Man 64 Eva Dr. Lebminster, MA	100	00	
9/15/15	Zephin Jr. Edward 437 West St. Leominsky MA	200	08	United Solutions
		,		
			•	
Line 9:	Cotal receipts in excess of \$50 (or listed above)	1357)	00	
	otal receipts \$50 and under* (not listed above)	23/10	00	
	OTAL RECEIPTS IN THE PERIOD	3710	00	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2 above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
9/24/15	Add-A-Sign	136 Pond St. Leominster, MA	Banner	127	63
	4	115 Erdman Way Leominster MA		58	30
9/17/19	Dirt Cheap Signs	1301 Barkhanch Lagovista, TX	Yard Signs + Car magnets	454	35
10/11/5	Dirt Cheap Signs	130 Back Ranch Lago Vista TX	Yard signs	292	94
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·					
		Line 12: Ex	spenditures over \$50	9332	15
		Line 13: Ex	spenditures \$50 and under*	56	81
En	ter on page 1, line 4.	Line 14:TO	OTAL EXPENDITURES C	790 1	06

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be

added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/1/18	Edward Zephin Jr.	437 West St. Leominister, MA	Boston Bruins Tickers	190.00
9/21/15	Susan-Chalifory- Zephin	437 West St. Leominster, MA 437 West St. Leominster, MA	Boston Celtics Tickets	2000
,				
		Line 15:	In-kind over \$50	390,00
		Line 16:	In-kind \$50 and under	3500
I	Enter on page 1, line 6	Line 17: '	Total In-kind	74000

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred				
		,		
<u></u>	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth
of Massachusett

File with: City or Town (	Clerk or Election Commission	information, except श्रीक्राविद्या	AS FRK'S OFFICE	
Fill in d			MINSTER, MA	2015
			<u> </u>	
	report: (Check one)  y preceding preliminary □8th day preceding elec	ction 30 day after election	ion Dyear-end report	□dissolution
Wa 5	Full Name of Candidate (if applicable)  A 3 Shoo Commutel  Office Sought and District  UNDEL LA  Residential Address  718 - 424-8007  Tel. No. (optional)	Wender to Name of Co 56 Junipe	D Elect Hath mittee Name Mall Sau mmittee Treasurer L COAC Mailing Address - 8009 Tel. No. (o	
	Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	eriod (page 3, line 14) line 4) this period (page 4)	\$ 2719.94 \$ \$ \$ 2531.47 \$ 188.47 \$ \$	
I certify that I finance activi campaign fina	Committee Treasurer:  I have examined this report including attached schedules and it is, ity, including all contributions, loans, receipts, expenditures, disburs ance activity of all persons acting under the authority or on behalf of Signed under the penditures.	rements, in-kind contributions and his committee in accordance with	abilities for this reporting period	a ana represents the
l ressurer's s	signature (in ink)			
-	FOR CANDIDATE FILINGS (	<u> </u>	SIGN BELOW)	
Candidate certify that I inance activity contributions, Candidate	Candidate: (check 1 box only) with Committee and no activity independent of the committee have examined this report including attached schedules and it is, to y, of all persons acting under the authority or on behalf of this con incurred any liabilities nor made any expenditures on my behalf du without Committee OR Candidate with independent activity fi have examined this report including attached schedules and it is, to y, including contributions, loans, receipts, expenditures, disbursement of ill persons acting under the authority or on behalf of	o the best of my knowledge and beli- imittee in accordance with the requi- ring this reporting period.  Iling separate report  the best of my knowledge and beli- ents, in-kind contributions and liabi-	of, a true and complete statement ities for this reporting period a	at of all campaign

Signed under the penalties of perjury:

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page. Name and Residential Address Date Amount Occupation & Employer (for contributions of \$200 or more) Received (alphabetical listing required) Line 9: Total receipts in excess of \$50 (or listed above) Line 10: Total receipts \$50 and under\* (not listed above) Enter on page 1, line 2 Line 11: TOTAL RECEIPTS IN THE PERIOD

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each	ch page.				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
10/30/15	BJ's Wholesale	115 Erdman wa Leominster MA	a Supplier for Election Night Part	4 28	30
10/30/15	Hannafaro	Lancastr St. Leominstern	- Decorations for	8	
10/19/15	Holden Landwark	1161 Main St. Holden MA	Advertising	140	od
11/5/15	Luxuux Box	199 Central St Leominster, MA		1065	41
11/2/15	Party City	1576 N Main St. Leom in Str. MA-	Decorations for	127	27
10/28/16	Ouck Stop Printing	340 Shews buy Worlester, MA	Campaign postcand	1035	6
0/30/15	TD Bank	15 Monument Sq. Leominster, MA	Bank Maintenance Fre	8	00
1/30/15	TD Bank	15 Monument 34 LeminSter, MA	Bank Maintenance Fee	8	bu
1/31/15	TD Bank	15 Monument Sh Leominster, MA	Bank Maintenance fee	8	00
0/28/15	USPS	68 Main St- Leominster, MA	Campaign Mailing	49	vo
128/15	US RS	68 main St. Leoma Ster, MA	Campaign Mailing	24	<i>6</i> D
0 22/16	USPS	68 Main St. Leominster, MA	Campaign Mailling	29	40
				·	
		·			
		Line 12: E	xpenditures over \$50	753	47
		Line 13: E	xpenditures \$50 and under*		
Ente	er on page 1, line 4.	Line 14:T	OTAL EXPENDITURES 2	531 4	4

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Re		Residential		Description of Contribution	Value
		-				1
		·				
		·				
				Line 15:	In-kind over \$50	
				Line 16:	In-kind \$50 and under	
]	Enter on page 1, line	6		Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred	-			
•				
	-			
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				î.
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report MunicipallEoms Office Omce of Campalence of

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	UNIV 19 FT 3 11
le with: ity or Town Clerk or Election Commission	
Please print or type all i	nformation, except signatures.
Fill in dates:  Reporting Period Beginning 10 16 20	Coar Date Property Coar 20/5 Ending 12 3/ 20/5
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding elect	tion □30 day after election  year-end report □dissolution
	CITE CHARLES MILHONS
Full Name of Candidate (if applicable)	JONN R, TATA
Office Sought and District	Name of Committee Treasurer  54  Rose Ave
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pred Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus) Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used Zol	(page 2, line 11) \$ \\ \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to inance activity, including all contributions, loans, receipts, expenditures, disburse ampaign finance activity of all persons acting under the authority or on behalf of Signed under the penal reasurer's signature (in ink)	the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.    Complete Statement of M.G.L. c. 55.   Complete Stateme
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box of Candidate with Committee and no a I certify that I have examined this report finance activity, of all persons acting und contributions, incurred any liabilities nor in Candidate without Committee OR Committee of I certify that I have examined this report in finance activity, including contributions, it campaign finance activity of all persons activity of all persons activity of all persons activity.	activity independent of the con including attached schedules and er the authority or on behalf of made any expenditures on my be candidate with independent and including attached schedules and loans, receipts, expenditures, di	In the best of this committee in a chalf during this repetivity filing separa d it is, to the best of isbursements, in-kin wehalf of this committee.	ccordance with corting period, ate report my knowledge d contributions ittee in accorda	the requirer and belief, and liabiliti	nents of M.G.L. c. : a true and complete es for this reporting	statement of all c	ampaign
	÷ .	•					
Condidate signature (in ink)					Date		,

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	An	nount	Occupation & Employer (for contributions of \$200 or more
:				
		·		
·				
		2		
ine 9: To	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
ne 11: T	OTAL RECEIPTS IN THE PERIOD		E	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2 above.,

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
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	٠.			
				•
			xpenditures over \$50	
Ente	r on page 1, line 4		xpenditures \$50 and under*  OTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom	Received*	Residential Address	Description of Contribution	Value
	,				
				• .	
			Line 15:	In-kind over \$50	
			Line 16:	In-kind \$50 and under	
. ]	Enter on page 1, 1	ine 6	Line 17:	Total In-kind	11/2

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	•					
Date	To Whom Due	Address	Purpose	Amount		
Incurred						
8/23/13	C MILHAUS	54 Ross Ave	INTIAL FUNDIN	2000		
8/29/12	<i>l</i> (	/1	ADIONTISING	530,06		
9/4/13	11	/]	SIGNS	1350		
I	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	3580,06		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance of Maggarbusett File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. AM 10 31 MHC align Fill in dates: Year Ending Reporting Period Beginning Type of report: (Check one) □dissolution ☐8th day preceding election □30 day after election X year-end report ☐8th day preceding preliminary Committee Name Full Name of Candidate (if applicable) 5 chool rom mittee Name of Committee Treasurer Office Sought and District Marant Committee Mailing Address 5.37-2904 JUNA OLYUS Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Leonard Gun Day les llain I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)				
Candidate with Committee and no activity i	ndependent of the committee			
I certify that I have examined this report including	g attached schedules and it is, to the best	of my knowledge and belief,	a true and complete s	tatement of all campaign
finance activity, of all persons acting under the au	uthority or on behalf of this committee in	accordance with the requirer	nents of M.G.L. c. 55.	. I have not received any
contributions, incurred any liabilities nor made an				• •
☐ Candidate without Committee OR Candidate	e with independent activity filing sepa	rate report		
I certify that I have examined this report including	attached schedules and it is, to the best	of my knowledge and belief,	a true and complete st	latement of all campaign
finance activity, including contributions, loans, re-	ceipts, expenditures, disbursements, in-ki	ind contributions and liabiliti	es for this reporting p	period and represents the
campaign finance activity of all persons acting und			requirements of M.G.	L, C, 33.
	Signed under the penalties of perjur		1 . 1	
Candidate signature (in ink)			1/12/16	· 
Candidate signature (in ink)			/ Date	

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address	Am	ount	Occupation & Employer (for contributions of \$200 or more		
	no oreterity					
·						
Line 9: To	otal receipts in excess of \$50 (or listed above)					
	otal receipts \$50 and under* (not listed above)					
	OTAL RECEIPTS IN THE PERIOD		I	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Amou	e Ai	oose of Expenditure	Address	ch page.  To Whom Paid  (alphabetical listing)	Date Paid	
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		ires over \$50				
	_==	ares \$50 and under*				
		expenditures	Line 13: E	ter on page 1, line 4	Ent	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	From Whom Received* Residential Address		Value
	no activity			
,				
•				
			·	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
F	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
. :	no activity			
·				
. ]	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report

Municipal Form CLERK'S OFFICE LEOMINSTER, MA

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Massochusetts	* *			
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ile with:			/	lih .

JAN 15 PM 12 36 City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Year Year Reporting Period Beginning Ending \_ Type of report: (Check one) □30 day after election □ year-end report ☐8th day preceding preliminary ☐8th day preceding election Full Name of Candidate (if applicable) Committee Name Committee Mailing Address Residential Address 978-53746 Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report 370,00 Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Enterpise Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, toans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW	)
Affidavit of Candidate: (check 1 box only)	Υ
☐ Candidate with Committee and no activity independent of the committee	
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and cor	nplete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.	L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with independent activity filling separate report	•
I certify that I have examined this report including attached schedules and it is, to it is nowledge and belief, a true and con	nplete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disburserness, in kind contributions and liabilities for this rep	orting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements	of M.G.L. c. 55.
/ Signed under the penalties Vicerjury:	
Candidate signature (in ink)  Date  Date	6
Candidate alguature (in ink)  Date	•

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	Amoun	Occupation & Employer (for contributions of \$200 or more)
		·	
•		· .	
;			
ine 9: Ţ	otal receipts in excess of \$50 (or listed above)		
	otal receipts \$50 and under* (not listed above)	·	
	OTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2 should include only those receipts not itemize

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

# SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid To Whom Paid (alphabetical listing)		Address	Purpose of Expenditure	Amount	
		·			
·					
				·	
	,				
				·	
:					
	, .	• .			
			xpenditures over \$50		
			xpenditures \$50 and under*		
En	ter on page 1, line 4	Line 14:T	OTAL EXPENDITURES		

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom	Received*	]	Residential .	Address		escription of Contribution	Value
							: •	
				•	•			
								·
-					· · · · · · · · · · · · · · · · · · ·			<u> </u>
		•			Line 15:	In-kind o	over \$50	
					Line 16:	In-kind S	50 and under	
E	inter on page 1,	line 6			Line 17:	Total In-	-kind	0.0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/27/15	Wayne Nickel	182 Alh St Leom	Campain	320.88
·				
ì	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	378,00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		LEIGWATH STY OF FOUND Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date:	10/17/2015	Ending Date: 12/31/2015  III JAN 20 PM 1 33
Type of Report: (Check one)		
8th day preceding preliminary 8th day preceding election	on [] 30 da	day after election 🛛 year-end report 🔲 dissolution
Deborah Toivonen	Comm	mittee to Elect Deborah Toivonen
Candidate Full Name (if applicable)		Committee Name
Council, Worcester / Leominster, City of	Donna	na Fiduccia
Office Sought and District		Name of Committee Treasurer
14 Macintosh Lane, Leominster, Ma 01453	75 Con	onstitution Dr., Leominster, MA 01453
Residential Address		Committee Mailing Address
Telephone Number (optional):	Telephon	one Number (optional):
SUMMARY BALA	NCE INFO	ORMATION:
Line 1: Ending Balance from previous report		1005.00
Line 2: Total receipts this period (page 3, line	11)	310.
Line 3: Subtotal (line 1 plus line 2)		1315.00
Line 4: Total expenditures this period (page 5,	, line 14)	1215.94
Line 5: Ending Balance (line 3 minus line 4)		99.06
Line 6: Total in-kind contributions this period	(page 6)	270.77
Line 7: Total (all) outstanding liabilities (page	7)	21.00
Line 8: Name of bank(s) used: Rollstone Bank &	Trust '	
certify that I have examined this report including attached schedules and it is, to the leaving including all contributions, loans, receipts, expenditures, disbursements, in-ki inance activity of all persons acting under the authority or on behalf of this committee igned under the penalties of perjury:  COR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to	ind contributions a c in accordance wi	s and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/20/2016
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report  Candidate without Committee OR Candidate with independent activity filing  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme	n accordance with ting period. g separate report the best of my kno	th the requirements of M.G.L. c. 55. I have not received any contributions, ort knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of		
zned under the penaltics of perjury:		(Candidate's signature) Date:

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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The state of the s			
ne 9: Total Receipts o	ver \$50 (or listed above)		
J. Total Recorpts o	701 450 (01 Hotel 40070)		
ne 10: Total Receipts \$	550 and under* (not listed above)	310.00	·
ie 11: TOTAL RECE	EIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

Name and Residential Address Date Received (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	·	
ine 9: Total Receipts over \$50 (or listed above)		
ine 10: Total Receipts \$50 and under* (not listed above)		
ine 11: TOTAL RECEIPTS IN THE PERIOD	310.00	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expen		mittee name and a page number	on each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/5/2015	Gazbar Sports Grill	1045 Central St. Leominster, MA 01453	Election Night - appetizers, etc.	175.3
10/29/2015	Holden Landmark Corporation	22 West St., Suite 31 Millbury, MA 01527	Advertising -Champion	401.0
11/9/2015	NorEast Designs	435 Lancaster St., Bldg 20E Leominster, Ma 01453	Campaign Signs	350.0
10/31/2015	Papou's Pizza	285 Central St. Leominster, MA 01453	Pizza, etc Meet & Greet	68.6
10/29/2015	Sentinel & Enterprise	808 Main St. Fitchburg, MA 01420	Advertising	160.0
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	1154.96
	-	Line 13: Total Expenditures \$50	and under* (not listed above)	60.98
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1215.94

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
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	Manual Andrews			
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	DOTAL STREET STR			
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	ALL THE CONTROL OF TH			
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		Line 12: Expenditures over \$50	O (or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	Enter on page 1, line 4 →			1215.9

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
	•			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	270.77
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	270.77

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/29/2015	Sentinel & Enterprise	808 Main St. Fitchburg, MA 01420	Advertising - Balance	8.00
9/15/2015	Deborah Toivonen	14 Macintosh Lane Leominster, MA 01453	Printing	13.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	21.00



Form CPF M 102: Campaign Finance Report
CITY CLERK'S OFFICE

Municipal Form
Office of Campaign and Political Finance

LEOMINSTER, MA

2016 JAN 14 PM 3 50

el Massachusetts

e with: y or Town Clerk or Election Commis		ease print or ty	pe all informat	ion, except sig	natures.		
Fill in dates: Reporting Period Beginning	Month 10	Date / 7	Year 2015	Ending _	Month  / SZ	Date 31	Year 2015
Type of report: (Check one □8th day preceding prelimin		th day precedir	ng election	]30 day after e	election	बिyear-end repor	t 🗆 dissoluti
Wendy R. Full Name of Cand At - Large Office Sough 142 Blossor Residentia 978-534	idate (if app School t and Distri n Steed Il Address - 8729	<u>Committe</u> ct ct	_	Wane) Name o	Commit	e Name  Wilks  tee Treasurer  Sheet ling Address	(optional)
I in a 1. Fra			ALANCE II		_	100 1/2	
Line 1: End	•				<b>\$</b> _	109.43	-
Line 2: Tot		• •		line 11)	<u>\$_</u>	3835.00	- 1
Line 3: Sub		=			<b>\$</b> _	3944.43	_
Line 4: Total	al expen	ditures th	is period (	page 3, line 14		3575.57	_
Line 5: End	ing bala	ance (line 3 i	minus line 4)		. <u>\$_</u>	368.86	345
Line 6: Total	l in-kind	contribution	one this per	ind (nage 4)	 \$	200.00	
Line 7: Total			-		\$	0	-
Line 8: Nam	• •				win		
May a casurer's signature (in ihk)	ons, loans, rece	ipts, expenditures, e authority or on b	disbursements, in-k	ind contributions a ttee in accordance	nd liabilities	for this reporting peri-	od and represents th
FOR C	<u>ANDIDA</u>	TE FILING	GS ONLY: (	CANDIDATE M	UST SIGN	BELOW)	
Idavit of Candidate: (check 1 box of Candidate with Committee and no a ritify that I have examined this report nee activity, of all persons acting und tributions, incurred any liabilities nor Candidate without Committee OR of the I have examined this report ince activity, including contributions, paign finance activity of all persons activity activities activity of all persons activity of all persons activity of all persons activity activities activity of all persons activity activities activities activity activities activities activity activities activ	activity indepe including attact for the authority made any expe candidate with neluding attact loans, receipts, tring under the	thed schedules and y or on behalf of the inditures on my behalt not not not not independent act hed schedules and expenditures, dish authority or on beh	it is, to the best of a his committee in acc all during this repo- lylty filling separat it is, to the best of no oursements, in-kind	cordance with the r rting period. e report ny knowledge and contributions and	equirements belief, a true liabilities for	of M.G.L. c. 55. I have and complete statemer this reporting period	nt of all campaign and represents the
didate signature (in ink)						Date	<del></del>

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more
	See Attached	·		
			-	
	eceipts in excess of \$50 (or listed above)		-	
·	eccipts \$50 and under* (not listed above)  L RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

Schedule A: Receipts		Wend	dy Wiiks		
10/19/2015	Abraham, Barbara 34 Cumberland Road	\$	15.00		
11/2/2015	Antonioni, Robert 85D Winter Street Self employed/Antonioni Law Office	\$	1,000.00		
10/25/2015	Antonucci, Robert P.O. Box 488, West Falmouth, 02574	\$	50.00		
10/25/2015	Ardinger, Thomas 12 Narcissus Road, Leominster, MA 01453	\$	25.00		
11/10/2015	Bagley, Thomas 279 Abbott Avenue	\$	50.00		
10/25/2015	Bartlett, Arthur 31 Judy Drive	<b>\$</b> *	25.00		
11/2/2015	Benoit, Paul 63 Liberty Street	\$	50.00		
10/25/2015	Blanchette, Michelle 572 High Rock Road, Fitchburg, MA 01420	\$	25.00		
10/25/2015	Caponi, Theresa 49 View Street	\$	25.00		
10/25/2015	Carboni, Ennio 68 Chester Road, Belmont 02478	\$	50.00		
10/19/2015	Carboni, Nicholas 124 Belair Heights	\$	100.00		
10/24/2015	Cashman, Susan 30 Elm Street	\$	25.00	·	
10/24/2015	Conlin, Walter 60 Colonial Drive	\$	100.00		
10/25/2015	Connally, Barbara 55 Forsythia Road	\$	100.00		
10/25/2015	Donatelli, Maureen	\$	30.00		

## 173 Lindell Avenue, Leominster, MA 01453

10/25/2015	Faris, Charles 16 Field Road, Leominster, MA 01453	\$ 50.00
10/19/2015	Faris, Colleen 16 Field Road	\$ 50.00
10/19/2015	Firmani, Sett 61 Fourth Street	\$ 25.00
10/25/2015	Gaudet, Lynn 46 Crestfield Lane, Leominster, MA 01453	\$ 40.00
11/2/2015	Gelinas, Charles 106 Merriam Avenue	\$ 100.00
10/25/2015	Gelinas, Janis 106 Merriam Avenue, Leominster, MA 01453	\$ 50.00
10/24/2015	Holman, Susan 30 North Meadow Road	\$ 100.00
10/25/2015	Howlett, Kenneth 33 Sky Lane, Leominster, MA 01453	\$ 150.00
10/19/2015	Khan, Mohammed 72 Mountain View Road	\$ 25.00
10/25/2015	Lisciotti, Gregg 24 Walden Court President, Lisciotti Development	\$ 500.00
10/25/2015	Longo, Karen 132 Hill Street, Leominster, MA 01453	\$ 50.00
10/25/2015	Mazzarella, Dean 24 Glendale Street, Leominster, MA 01453 Mayor, City of Leominster	\$ 200.00
11/10/2015	McNeill, Lawrence 218 Abbott Avenue	\$ 25.00
10/25/2015	Nicewicz, Kenneth 116 Sawyer Road, Bolton, MA 01740	\$ 100.00
10/25/2015	O'Brien, William	

	1079 Central Street	\$	25.00
10/25/2015	O'Leary, Eileen 16 Barry Lane	\$	50.00
10/25/2015	Pare, Nicole 29 Oakwind Hollow Road, Leominster, MA 01453	\$	25.00
11/10/2015	Pirro, Linda 727 Lancaster Street	\$	50.00
10/19/2015	Roy, Sheila 199 Ridgewood Drive	\$	50.00
10/25/2015	Salvatelli, Robert 11 Woodside Avenue, Leominster, MA 01453	\$	50.00
10/252015	Sampson, Lucille 215 Helena Street	\$	50.00
10/24/2015	Tocci, Virginia 334 Hill Street	\$	25.00
10/25/2015	Tresaloni, Cynthia 148 Stuart Avenue, Leominster	\$	25.00
10/25/2015	VanWert, Allan 43 Theodore Drive, Leominster, MA 01453	\$	25.00
10/25/2015	Wiiks, Nancy 142 Blossom Street, Leominster, MA 01453 Technical support, EMC Corporation	\$	300.00
10/25/2015	Woodland, Kelly 78 Hardy Drive, Leominster, MA 01453	\$	25.00
	76 Hardy Drive, Leoninister, IVIA 01433	\$.	3,835.00

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
18/20/15	Next Day Flyers	435 N. Midland Ave Søddlebrook, NJ 07663	1	320	99
10/20/15	Postmaster	68 Main Steel Learninster, MA 01453	stamps	980	Q C
10/20/15	Staples	Leominster MA 01453	supplies	85	5 -
10/20/15	Staples	289 N. MAIN Street Leominster, MA (14)3	supplies.	79	63
10/24/15	Staples	289 N. Main Street Leominster, MA 01453	supplies	.109	43
12/1/15	Wendy Wilks	142 Blosson Street. Learninster, M 1145	Reimbusement of	2000	00
			·		
L		Line 12: Expenditures over \$50		35.75	5,7
		Line 13: Expenditures \$50 and under*			
Er	nter on page 1, line 4.	Line 14:TO	OTAL EXPENDITURES 3	35 75 5	7

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/24/15	Grambiocco, Damicis, Stephanie	15 Biscuit Hill Drive Leominster, MA 01453	food location for fund Raiser	300. o
			•	
,				
-			·	
·	·	Line 15:	In-kind over \$50	
		Line 16: 1	In-kind \$50 and under	300.00
Ē	Enter on page 1, line 6	Line 17: 7	Total In-kind	300.00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
- 1				
]	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4